

Application Data Sheet

Application Information

Application type:: Regular
Subject matter:: Utility
CD-ROM or CD-R:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?:: No
Computer readable form (CRF)?:: No
Number of copies of CRF:: 0
Title:: WOUND DRESSING
Attorney docket number:: SIGU3012/JEK/JJC
Request for early publication?:: No
Request for non-publication?:: No
Suggested drawing figure::
Total drawing sheets:: 10
Small entity?:: No

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Iceland
Status: Full capacity
Given name:: Gudmundur
Middle name:: Fertram
Family name:: Sigurjonsson
Name suffix::
City of Residence:: Reykjavik
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Bergstadastraeti 62

City of mailing address:: Reykjavik
State or province of mailing address::
Country of mailing address:: Iceland
Postal or zip code of mailing address:: 101

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Iceland
Status: Full capacity
Given name:: Thordur
Middle name:: M.
Family name:: Elefsen
Name suffix::
City of Residence:: Mosfellsbaer
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Klapparhlid 30, Suite 304
City of mailing address:: Mosfellsbaer
State or province of mailing address::
Country of mailing address:: Iceland
Postal or zip code of mailing address:: 270

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Iceland
Status: Full capacity
Given name:: Palmar
Middle name:: I.
Family name:: Gudnason
Name suffix::

City of Residence:: Reykjavik
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Gydufell 4
City of mailing address:: Reykjavik
State or province of mailing address::
Country of mailing address:: Iceland
Postal or zip code of mailing address:: 111

Correspondence Information

Correspondence customer number:: 23364
Phone number:: 703-683-0500
Fax number:: 703-683-1080
E-mail address:: mail@baonthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	an application claiming benefit under 35 USC 119(e)	60/437,146 60/482,775 60/503,546 60/518,317	12/31/02 06/27/03 09/17/03 11/10/03
This application	National stage of		
This application	Continuation of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name::